



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR

PO BOX 2076  
CONCORD, NH 03302-2076

(603) 271-3176

**APPROVAL FORM FOR NON-PAID WORK-BASED ACTIVITIES UNDER RSA 279:22-aa**

(Please type or print all information)

School/institution/Organization \_\_\_\_\_ Secondary \_\_\_\_\_ Post-secondary \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Town/City) (State) (Zip Code)

FAX: \_\_\_\_\_

If disabled check one: VR \_\_\_\_\_ AA \_\_\_\_\_ CMHC \_\_\_\_\_ Provider Agency \_\_\_\_\_

Program Name: \_\_\_\_\_ FAX: \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Tel. \_\_\_\_\_

**Type of Placement (check one):**

Job Shadow \_\_\_\_\_ Clinical \_\_\_\_\_ Work Experience \_\_\_\_\_ Internship \_\_\_\_\_ Service Learning \_\_\_\_\_  
Mentor Program \_\_\_\_\_ Situational Assessment \_\_\_\_\_ Training Program \_\_\_\_\_ Other \_\_\_\_\_

**Career Interest/Objective:**

Is academic credit given for this program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Hours per student/learner \_\_\_\_\_ Days per week \_\_\_\_\_ Total number of days at business site \_\_\_\_\_  
Supervision: Please describe how the student(s)/learner(s) will be supervised and by whom \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Does each place of business have a safety program? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_
2. Is there **any** hazardous equipment involved? Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_
3. Has all Safety Training been completed (as applicable to each site)? Including specific training for equipment as noted above.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**The information above as provided is accurate and we guarantee that this placement in no way establishes an employee/employer relationship between the student(s) /learner(s) and the business site at which they are placed.**

Attach list of business(es) participating in this placement. Must include: Name of business, address, phone # & contact person. Notify the DOL of any additions to this list. Also attach a sample copy of Agreement or Contract for this placement.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

**For D.O.L. use only**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ D.O.L. Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_